

O The period covered is January 1, 2008, through the

O The period covered is ____/___, through

date of leaving office.

Candidate

the date of leaving office.

Election Year: _

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

A Public Document

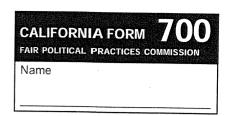
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Genest	Michael	С			
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS		
State Capitol, Room 1145	Sacramento	CA 95814			
1. Office, Agency, or Court		4. Schedule Summ	arv		
Name of Office, Agency, or Court: Department of Finance		➤ Total number of pages including this cover page:			
Your Position:		I have disclosed interes attached schedules:	ts on one or more of the		
Director ► If filing for multiple positions, list a position(s): (Attach a separate s		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)			
Agency: Various		Schedule A-2 Yes	– schedule attached Ownership)		
Position: Designee		Schedule B Yes	– schedule attached		
2. Jurisdiction of Office (Ch	eck at least one box)		schedule attached s Positions (Income Other than Gifts)		
⊠ State □ County of		Schedule D X Yes	– schedule attached		
☐ City of		Schedule E Yes Income – Gifts – Travel Pa	– schedule attached		
Other		-(or-		
3. Type of Statement (Check	(at least one box)	No reportable interes	sts on any schedule		
	·				
Assuming Office/Initial Date	:	5. Verification			
Annual: The period covered is January 1, 2008, through December 31, 2008. -Or- O The period covered is/, through		I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.			
December 31, 2008. Leaving Office Date Left:/	r 31, 2008. I certify under penalty of perjury under the laws of the company of the control of California that the foregoing is true and correct the control of California that the foregoing is true and correct the control of California that the foregoing is true and correct the control of California that the foregoing is true and correct the control of California that the foregoing is true and correct the control of California that the foregoing is true and correct the control of California that the foregoing is true and correct the control of California that the foregoing is true and correct the control of California that the foregoing is true and correct the control of California that the control of C				

Date Signe

Signature 2

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SCHEDULE D Income - Gifts



► NAME OF SOURCE		► NAME OF SOURCE		
CalChamber				
ADDRESS		Governor Arnold Schwarzenegger ADDRESS		
1215 K Street, Suite 1400, Sacramento, CA, 95814				
BUSINESS ACTIVITY, IF ANY, OF SOURCE		State Capitol, Sacramento, CA, 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Business Advocate			1, 11 71141, 01 ,000	MOL
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02,14,08 \$ 56.39	Luncheon	12 , 22 , 08	\$34.00	Popcorn Tin
12 , 17 , 08 \$ 22.20	Lunch		\$	
\$			\$	
► NAME OF SOURCE	•	► NAME OF SOURCE		
ADDRESS	·	ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SOUR	CCE	BUSINESS ACTIVITY	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$			\$	
/			\$	
/\$			\$	
NAME OF SOURCE		► NAME OF SOURCE	· · · · · · · · · · · · · · · · · · ·	
ADDRESS		ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVITY	, IF ANY, OF SOUR	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$			\$	
\$		·	\$	
/\$			\$	
Comments:				